CLIFFORD MOLIN, MD ~ STEPHANIE LEHRNER, DO ~ JARVIS OLSEN, APRN~
~ ADAM MILMAN, MD ~ ASHLEY SMITH, APRN
2481 PROFESSIONAL COURT LAS VEGAS, NEVADA 89128
(702) 382-1599 OFFICE (702) 240-4962 FAX

PATIENT INFORMATION (Informacion de paciente)

LAST NAME MI: **FIRST NAME:**

DOB: GENDER: M F **SS#**

HOME PH # **CELL PHONE #**

ADDRESS APT# **CITY** **STATE** **ZIP**

MARITAL STATUS S M D W

RACE: ETHNICITY: **LANGUAGE:**

EMAIL ADDRESS: REFERRING DOCTOR

PHARMACY and LOCATION

GUARANTOR:

LAST NAME: MI: FIRST:

SS# DOB PHONE #:

STREET CITY STATE ZIP

EMPLOYER PHONE #:

STREET CITY STATE ZIP

EMERGENCY CONTACT

NAME **PHONE** **CELL PHONE**

RELATIONSHIP

NAME PHONE CELL PHONE

RELATIONSHIP

INSURANCE INFORMATION

PRIMARY INSURANCE

ADDRESS: CITY: STATE:

POLICY HOLDER NAME: **DOB**

SS# RELATIONSHIP TO PATIENT:

POLICY HOLDER EMPLOYER:

POLICY # **GROUP #** **DATE EFFECTIVE:**

SECONDARY INSURANCE

ADDRESS CITY: STATE: ZIP:

POLICY HOLDER NAME: **DOB:**

SS# RELATIONSHIP TO PATIENT:

POLICY HOLDER EMPLOYER:

POLICY # **GROUP #** **DATE EFFECTIVE:**

The above information is complete and correct. I authorize treatment for the above patient. I hereby authorize release of information necessary to file a claim with my insurance company and I assign benefits otherwise payable to me to the doctor indicated on the claim. In the event that my claim is not paid for by my insurance company, I am aware that I will then be responsible for the balance owed including any collection fees associated with my outstanding balance.

PATIENT SIGNATURE DATE

GUARANTOR SIGNATURE DATE

All professional services rendered are charged to the patient, but billed to the insurance as a courtesy. The patient is responsible for all fees, regardless of insurance coverage.

PRIORITY HEALTH GROUP

2481 Professional Court
Las Vegas, NV 89128
(702) 382-1599

FINANCIAL POLICY

We are committed to providing you the best care possible. We must emphasize that, as medical providers, our relationship is with you not your insurance company. Your insurance is a contract between you, your employer, and the insurance company. We are not party to that contract. All charges incurred for services provided by PHG are your responsibility. We realize that there is a delay that occurs during the insurance company's processing of claims and we will allow for that processing time. If, however, the insurance company has not paid the claim within 90 days of the date of service or within the time frame mandated by the NV state board bill #SB145, you may be billed directly for the service. If this occurs, our billing department will give you the documentation necessary for you to receive reimbursement for the service from your insurance company.

If you have medical insurance provided by a company that we are contracted with, we will bill your insurance company for services rendered by our providers and staff.

All deductibles, copays, coinsurances and payments for non-covered items/services are due at the time of service.

Please familiarize yourself with your insurance policy and its requirements. Many companies require a referral from the primary care physician. We will attempt to obtain these as a courtesy, but it is ultimately the responsibility of the patient to be pro-active in assuring that the requirements of the insurance company have been met for each visit.

From time to time, certain fees may be charged to you by our office. These fees are not payable by the insurance company, and therefore will not be billed to the insurance company. They include:

Returned Checks: A $25 non-sufficient funds fee will be charged for all checks returned by your bank

No Show Fees: There will be a $25 no show/late cancellation fee charged for all unkept daytime appointments (this includes appointments for which you provide less than 24 hour cancellation notice). There will be a $200 no show/late cancellation fee charged for all unkept overnight appointments (this includes appointments for which you provide less than 48 hour cancellation notice).

Collection Fees: Should your account be submitted to a collection agency, regardless of reason, you will be responsible for collection fees up to 50% of the total amount of the past due bill PLUS any legal fees assessed.

By signing below I, _____, acknowledge that I have received and understand the financial policy information described above and agree to these financial terms.

X_____ Date: _____

Effective
January 1, 2018

PRIORITY HEALTH GROUP

2481 Professional Court
Las Vegas, NV 89128
(702) 382-1599

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

YOUR RIGHTS

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

YOUR CHOICES

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

OUR USES & DISCLOSURES

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, And other government requests
- Respond to lawsuits and legal actions

Effective
January 1, 2018

Your Rights

When it comes to your health information, you have certain rights.
This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (i.e., mobile phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.**
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share.
If there are certain ways you want your information shared, it is your right to let us know.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

Effective
January 1, 2018

Our Uses and Disclosures

How do we typically use or share your health information?
We typically use or share your health information in the following ways.

Treat you
We can use your health information and share it with other professionals who are treating you.
Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization
We can use and share your health information to run our practice, improve your care, and contact you when necessary.
Example: We use health information about you to manage your treatment and services.

Bill for your services
We can use and share your health information to bill and get payment from health plans or other entities.
Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?
We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html**.**

Help with public health and safety issues
We can share health information about you for certain situations such as:
- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research
We can use or share your information for health research.

Comply with the law
We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests
We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director
We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests
We can use or share health information about you:
- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions
We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html**.**

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request in our office.

Effective
January 1, 2018

Acknowledgement of Receipt of Privacy Policy

Patient Name: _____ **Patient DOB:** _____

I acknowledge that I have received a copy of the Priority Health Group/Zeeba Sleep Center HIPAA Privacy Policy (Document # HIPAA1)

_____
Signature of patient or legal representative

_____
Printed name of signature above

_____
Today's date

Relationship to patient if signed by legal representative

- ☐ Parent
- ☐ Court appointed representative
- ☐ Legal Custodian or Guardian
- ☐ Power of Attorney